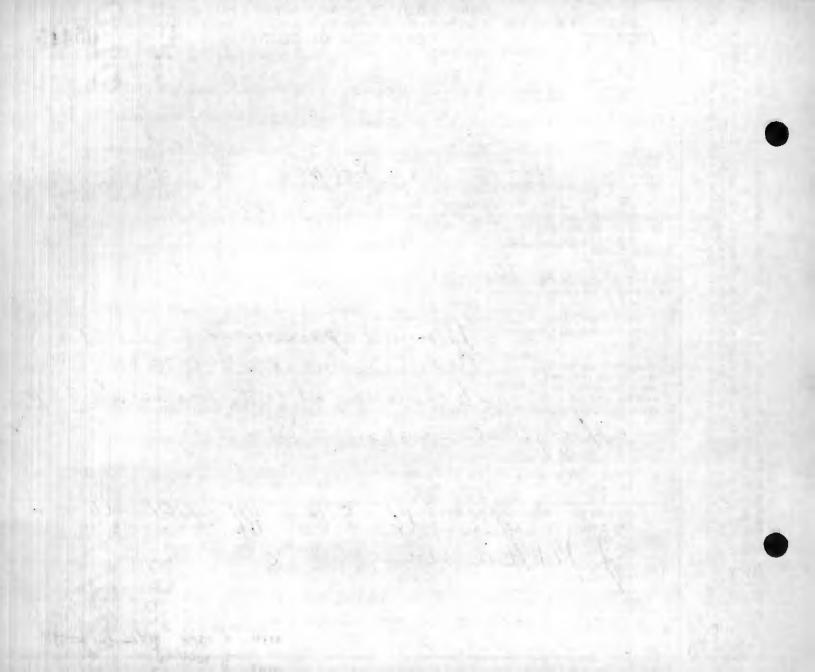
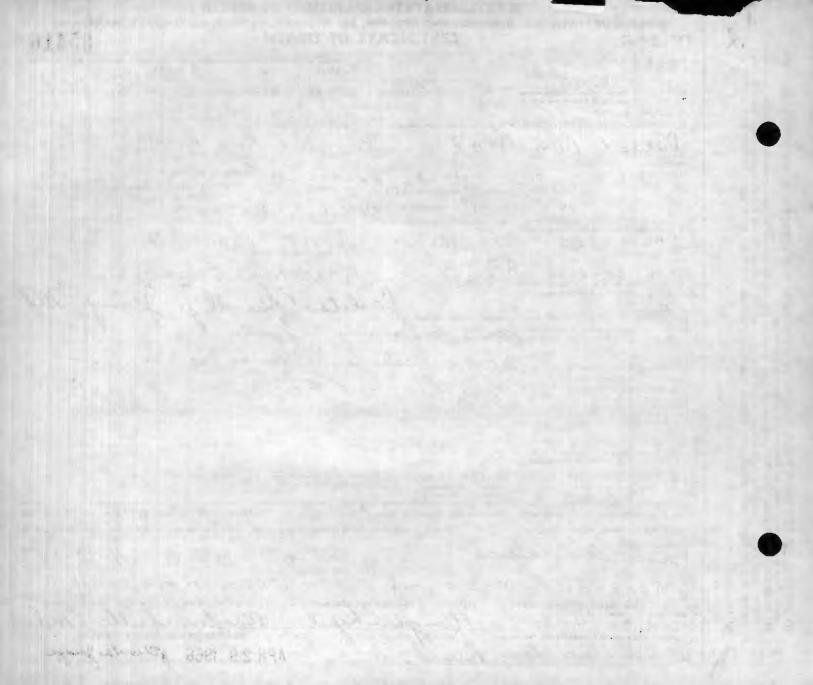
1/0/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E TONE	05415 CERTIFICATE OF DEATH U5415
death. funeral and 2 death.	1. PLACE OF DEATH a. COUNTY / a. STATE b. COUNTY / b.
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filled in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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uted within 24 hours completely filled in by we carbon papers. Pagevent, within 72 hours	(Type or print) LETTIE MAY BARNES DEATH Upril 241966
executed and completed complete complet	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years list Divided) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most, of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
icate be e physician n please r	Heusenope Hame Turquia Cof
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death certificate be te attending physicial permit. Then please tion, or removal and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service)
	18. CAUSE OF DEATH [Enter only one cause per lipe) for (a), (b), and (c), b
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 13 March of the Company of the
ires that th physician. I signed by burial-transi	442X DUE TO A - 1 D Line 1 B DE 124
requires ding phy been si the bur or to bur	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
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PHYSICIAN: the hospita this certifi detached fo	
at te	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	21. I certify that (I) (this hospital) attended the deceased from 2///, 19//, to 4//2/, 1964, that (I) the last
ലന ≥	saw the deceased alive on 4/7 1964, and that death occurred at 4 M, from the causes and on the date stated above 22a. Synature 22b. DATE SIGNED
AL OR nay be AL DIRE page 3	22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTO
D HOSPITAL Page 4 may FUNERAL I director, pa	22c. PHYS/CIAN'S 22d. ADDRESS NAME (Type)
TO HOSPITAL Page 4 may O FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	De Witt Danaldson Kounes Mid DATE 1000 Justes Justes
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! ESSUP 55010 d. NAME OF HOSPITAL OR INSTITUTION (if not in bospite), give street eddress d. STREET ADDRESS ON A FARM? YES NO . 3. NAME O Middle DECEASED OF (Type or print) DEATH 19 22 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CANDENTER UCTION 13. FATHER'S NAME HERYN SUMMERVIL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or detes of service 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). GERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause DUF TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONDIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) While Not While Haur e.m. et work et work p.m TOR 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on... 22b. DATE ATTENDING olende DIRECTOR PHYS. M.D. PHYS. Jeath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS filed \ 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 등 10 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

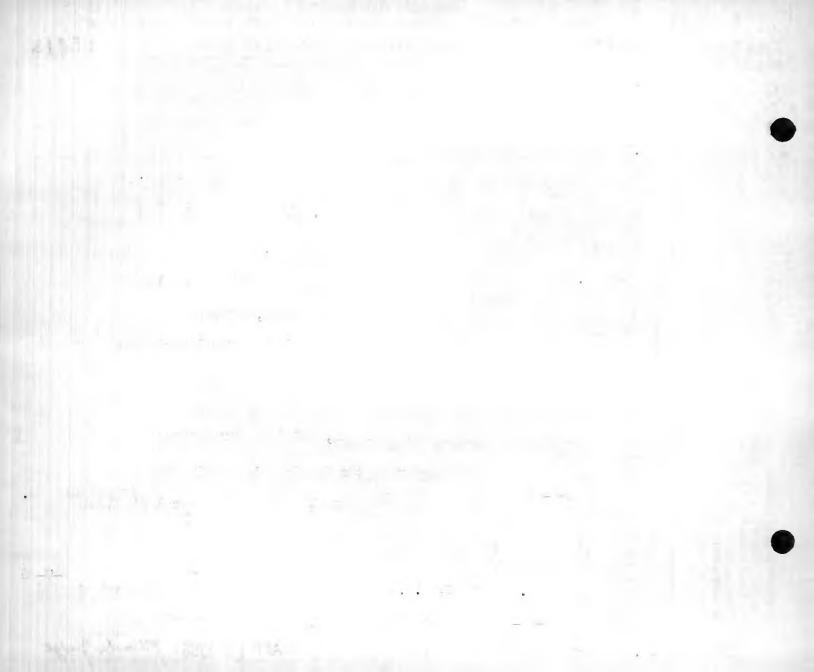


D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED NOs. USUAL OCCUPATION (Give kind of wark dane duging most of working life, even if refligd)	Parryman . Md. U.S. 14. MOTHER'S MAIDEN NAME Ida Shane NFORMANT Address
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	Margaret Ford , Aberdeen, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left 51 ded Ste H 2 21 Conditions, if any, which gove rise to immediate cause (b) Ay-tem's y electotic	ie Cardie-Vascular Disease chieclasis and Emphyseme
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? WAS AUTOPS PERFORMED? YES NO D (Enter natura of injury in Part I or Part II of Itam 18.)
Hour a.m. While Not While factor	E OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) April 4/ 1966 to April 15, 1966 that (I) (we) li
saw the deceased alive on A. (27) 15 19 C.C., and that 22a. SIGNATURE 22c. PHYSICIAN'S	death occured at. AMM, from the causes and on the date stated above 22b. DATE ATTENDING PHYS. Apr. 15 SIGN AP
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify) 18 Apr. 66 Spesutia Celes Company Director's Sporature Address	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
MEDICAL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAYOUTH CAYOUTH CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAYOUTH CONTRIBUTING TO DEATH BUT NOT CAYOUTH CONTRIBUTING TO DEATH BUT NOT CAYOUTH C

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05418 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE 2, and 3 to PM3. Page of death. MARYLAND Howard b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dayton e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hours ang with farm Rt.32 and Browns Bridge Road Item 18. Give Pages ate YES NO T after death. 3. NAME OF Middle 4 DATE Month Last Doy Year DECEASED OF within , Ruby Estelle Gordon April 8,1966 19 (Type or print) DEATH IF LINDER LYFAR I IF LINDER 24 HRS S. SFX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Doys Hours Feb. 4, 1905 Female White WIDOWED DIVORCED haurs event 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY 24 duy .= At Home Dayton Md

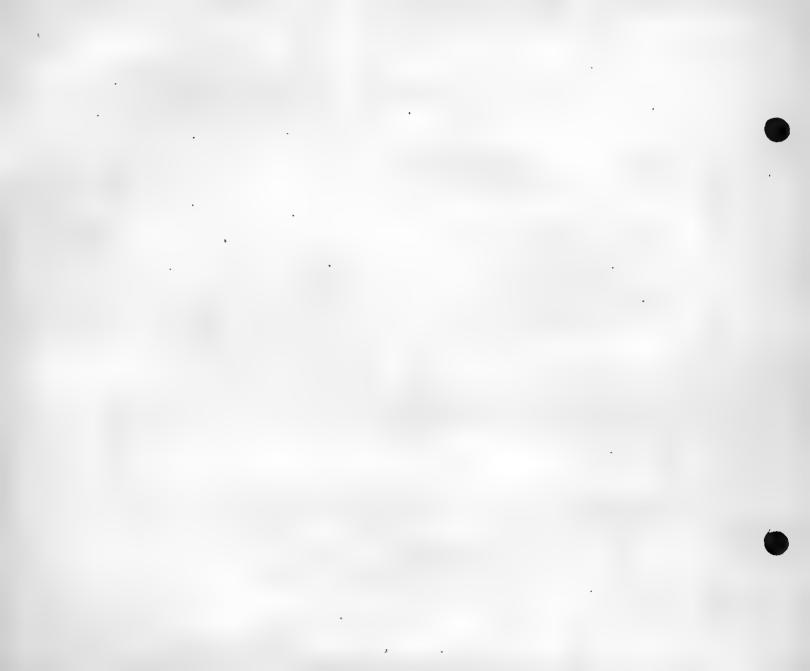
14. MOTHER'S MAIDEN NAME rd "pending" in pencil in Chief Medical Examiner's pages 13. FATHER'S NAME pencil be executed within = Ira M. Grav puo Effie Agnes Gordon IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or removal, (Yes, no, or unknown) (If yes give war or dates of service) Roger Gordon Dayton Mc 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Fracture of 2nd and third cervical vertebrae IMMEDIATE CAUSE (o) instant This certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (a), farwarded to DUE TO stoting the underlying couse SD burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO T please execute the certificate. multiple abrainsions 0 200. EXIERNAL CAUSE WAS PRIMARY OF OF OTRIBUTING pe OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 4 should be agent, prior CAUSE OF DEATH. 20d. INJURY OCCURRED car involved in collission
20e. PLACE OF INJURY (Home, farm, 20f. (City or fown MEDICAL 20c TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg., etc.) HOVARD CO your Not While Wd. 4-7-66 FUNERAL DIRECTOR: Page of work street designated 21. I certify that I took charge of the remains described above, held an Autapsy ... for Inspection Tr. Inquiry Tr and in my opinion the funeral director. Accident T death resulted from: Natural couses Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER 5 may be retar TO FUNERAL DIS Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 4-5-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Ellicott City Md George E. Burgtorf, M.D. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 9 REMOVAL (Specify) Burial Clarksville, Md 4-12-1966 Linthicum Chapel 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Milanlen VR A15ME IS 1966 F.C. Higinbothom, Ellicott City, Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH an 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY h. COUNTY after Howard Co. MARYLAND Marvland Anne Arundel Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à on papers. Pag within 72 hours write RURAL and give nearest town) 24 hours Baltimore Ellicott l week = Riviera Beach filled d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Schaffers Convalescent Retreat NO X Silery Bav Pasadena YES ! within etely carbon NAME DE Middle Month Day DECEASED event, FRANK (Type or print) J. Katzen herges DEATH 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 7. MARRIED remove NEVER MARRIED Hours and July 30, 1881 Male Whi te WIDOWED F DIVORCED 1Da. USUAL OCCUPATION (Cive kind of work done) 5 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 뜅 ease during most of working life, even if retired) INDUSTRY COUNTRY? ਠ Ship Building Maryland U.S. physic Ship Carpenter death certificate 14. MOTHER'S MAIDEN NAME attending pl rmit. Then гетоуа Francis X. Katzenberger Mary Spiegel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) Rose T. Katzenberger. (same) 219-30-6830 the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET/ AND DEATH -transi þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been the burial, the burial, to DUE TO Conditions, If any, which (b) gave rise to Immediate attending DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate NO F YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached 00 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained should ith the 21. I certify that (I) (this hospital), attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 763 M, from the causes and on the date stated above. saw the deceased alive on. 22a. VSICNATURE 22b. þe page MED. DIRECTOR M.D. may HOSPITAL FUNERAL PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS director, p Thomas F. Herbert. M.D. Church Rd. Bllicott City. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 19.1966 Cedar Hill Cemetery Ritchie A.A.Co. Md . 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SICNATURE George J. Gonce - 4001 Ritchie Hgwy., Baltimore VR AI5 (4) 20M

What meets and the state of the Manager will fall the transferred to the second transfer transfer to the second transfer transfe the state of the s the control of the country for your on-The larger and the same of the THE SHEET OF THE SHEET S To rive . Dones - Livil Riverte May .. Saltamere Arm S. L. San C. Charles I letter

2 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05420 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15420)
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY // b. COUNTY //
Fig 8 and	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
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the 5 r 5 r 6 page of the reference of t	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
felay nd 3 to Page State I hours a	Mt. Airu Rocte 3 YES NO
ny dela 3, and M3. F the St 72 hor	3 NAME OF DECEASED First Middle Last 4. DATE Month Day Year
PM PM In 17	Type or print) O DERT W. DEATH TT. L /C, 19 6 5. SEX . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN YEAR) FUNDER 1 YEAR IF UNDER 1 YE
after death. If any del Give Pages 1, 2, and ong with form PM3. I and with form PM3.	5. SEA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Jost Dirthdey) Months Days Hours Min. Months Days Min. Mo
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ours after a store a shore a shore pages in any	13. FATHER'S NAME UNKNOWN
14 ho Item Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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id be executed "pending" in f "pending" in f Medical Exa burial-transit cremation, or	Conditions, if any, which (b)
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tiffic to to to to to	YES NO ME 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
R. This certificate, writing forwarded to 3 should be agent, prior	206. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) Figure 206. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) Figure 206. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) Figure 206. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
te, te, orwa	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While 7 factory, street, office bidg., etc.)
INER Infica be 1 be 1	
EXAM ne cert should files. for: Pa esignat	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry 🛴, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
EXAMINE the certific 4 should be in files. CTOR: Page designated	CHIEF MEDICAL EXAMINER
ry Med. execute Page 4 for your	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EPUTY ME ase executor. Pagained for UNERAL D	EXAMINER'S NAME (Type) Address (Street, city, town, or county)
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Dag garage	BREMOVAL (Specify) 4-18 66 Liberty Biffist Woodbine Ma-
VR ATSME (5)	25a. REC'D BY REGISTRAR'S SIGNATURE ADDRESS APR 19 1966 Clianter Judge ADDRESS ADDRESS APR 19 1966



Λ	 	DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE	OF DEATH ()5421
1		PLACE OF DEATH a. COUNTY 2.	USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admiss a. STATE
		HowardMARYLAND	Maryland Howard
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
		Rural- Florence	Rural- Florence
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENT ON A FAR
		RFD # 2, Woodbine	RFD # 2, Woodbine YES NO
		NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
J		(Type or print) Florence Gertrude	Phebus DEATH April 12, 19 6
V	5.	5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D.	ATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
/	F	Female White WIDOWED X DIVORCED Aug	g. 16, 1880 less birth day Months Deys Hours Mil
	10a	to. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN
		Housewife Own home	Florence, Md. USA
	13.		MOTHER'S MAIDEN NAME
		Fuller R. Wright	Mary Warfield
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17. INFO	ORMANT Address
	(10	es, no, or unkown] (Ifyesgivewerordelesofservice) No	uller Phebus, Monrovia, Md.
		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemory	rhage, arteriosclerosis
		73 / /	
		Conditions, if any, which generalized, auricu	lar fibrillation Jan. 196
		geve rise to immediate cause	.1.12-1
		cause last. underlying cardiac failure	4-12-0
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19, WAS AUTOF
	ATIC		PERFORMED YES TO NO
U	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (En	nter nature of injury in Part I or Part II of 'tem 18)
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	¥		OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stere
	MEDICAL	Hour e.m. While Not While factory,	street, office bldg., etc.)
	2		Jan 1966 to 4-12 1966 that (1) (we)
		21. I certify that (I) (this hospital) attended the deceased from	, indi (i) (we)
		saw the deceased alive on	earn occured on z
		5/1-24 > X/ 1/2-	ATTENDING MED. STAFF 4 42 66 SIG
,		22c, PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 4=13=00
		NAME (Type) Howard E. Hall, M. D.	Sykesville, Maryland
		BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY OR	
		REMOVAL (Specify)	and an arrival (any) are arrived
	23a		2 770
		Burial April 16,1966 Jennings Cha	apel Florence, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



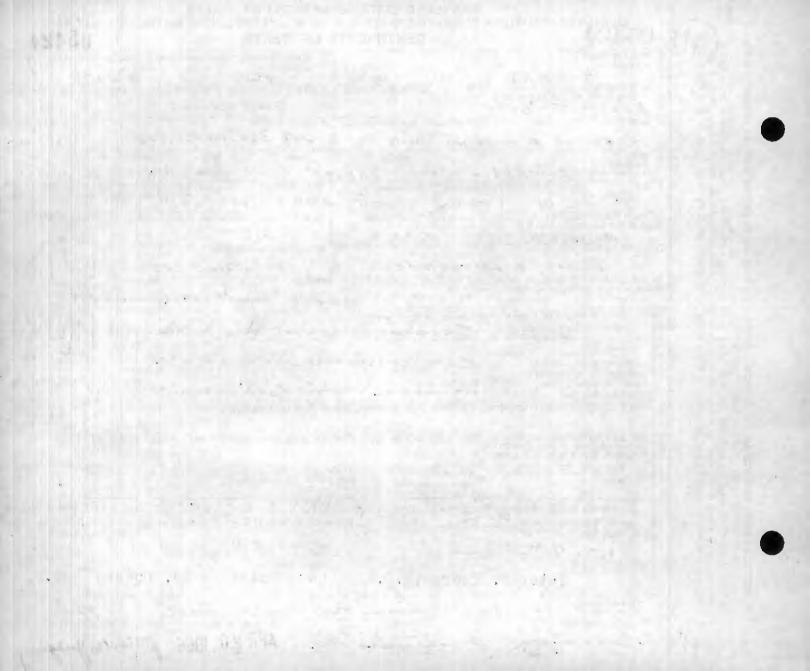
1 \/	MARYLAND STATE DEPARTMENT OF HEALTH
V	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TE	1)5422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ध्रा.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institution, Residence before admission and COUNTY There is a COUNTY THE IS A C
	Howard Maryland 6. COUNTY Howard
/ -	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	Elicott City
	d. NAME OF HOSPITAL OR INSTITUTION (if not in-hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE.
*	16 Main St. VES NO NA FARM
3.	NAME OF First Middle Last 4. DATE Month Day Year
	(Type or print) Ethel G. Philbrick OF DEATH 4 18 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
l f	female white widowed Divorced 8/20/21 Last birthday) Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of work one during most of working life, avan if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY one during most of working life, avan if retired)
1	Spinner woolen mill Maryland
	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Charles H. Scott Stella Colson
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT - Century Dr. Address (as, no, or unknown) (Ifyesgivawarordates) (service)
1,,	no212 18 4588 Albert Philbrick Ellicott City, Md.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease
	4221 DUE TO
	Conditions, if any, which (b)
	gave rise to immediate cause [a], stating the underlying DUE TO
	causa last, (c)
NO	PART I. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
12	YES NO EX
CERTIFICATION	20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of fram 18.) PRIMARY Or CONTRIBUTING
1	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Hour e.m. WhileNot While factory, street, office bidg., atc.}
ME	
	21 I certify that I look charge of the remains described above, held an Autopsy Inspection k Inquiry and in my opinion
	death resulted from: Natural causes \$. Accident . Suicide . Homicide . Undetermined manner .
	ACTUAL AND STATE IN STATE CHIEF MEDICAL EXAMINER []
	SIGNATURE MD ASSISIANI MEDICAL EXAMINER K
	EXAMINER'S DEPUTY MEDICAL EXAMINER 4/18/66
22	NAME (Typa) Werner U. Spitz, M.D. Address (Street, c'ty, town, or country) La, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
1	REMOVAL (Specify)
2	burial 4/21/66 Good Shepherd Ellicott City, Md
	7 0 00 1 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1
, _	F.C. Higinbothom Ellicott City, Md. APR 25 1966 fclientes Judge.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY OWARD BALTO. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE ELLICOTT Ξ bon papers. within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 228 BEAUMONT A 5 CHAEFFERS NURSING MOME YES ND X completely pou NAME DE First Middle Last DATE Month Oav Year DECEASED DF DEATH event, car (Type or print) APRIL ELIZAB ETN 18 19 66 executed 5. SEX 6. COLOR OR RACE and cor OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Qays 7. MARRIED 9. IF UNDER 24 HRS NEVER MARRIED APRIL 3, 1881 WIDOWED Z DIVORCED [10a, USUAL OCCUPATION (Give kind of work done) 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY 140M15 MD. HOUSEKEEPER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova WESTENHOFER DEBUS KATHERINE attendir 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SDCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unknwn) (If yes give war or dates of service) Bournont ar 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH The law requires that the l-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ere-brovascu) the hospital or attending physician, signed been souries, the burial, burial, OUE TO Zerebrovascular Atheroscheros Conditions, If any, which gave rise to immediate DUE TO cause (a), stating erotic Cordiovasculor Disease underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES [NO P 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) of CAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. retained should ith the 1960 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on and that death occurred at 2 AM, from the causes and on the date stated above. 22a. SIGNATURE 22h. DATE SIGNED page ATTENDING STAFF PHYS. DIRECTOR M.O. 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be i NAME (Type) Columbia Rd. Md . Howard Thorpe BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 survey FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. VR #15 (4) 20M 1/65



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